

**Commonwealth of Massachusetts
Office of the Comptroller**

Payroll Cost Reporting System (PCRS)

ON-LINE ACCESS REQUEST FORM

_____NEW

_____CHANGE
(Old Profile #:_____)

_____DELETE

DATE:_____

DEPARTMENT ALPHA CODE:_____ ORGN#_____

PROFILE: PCRS - _____

DEPT LEVEL ACCESS:

TOTAL DEPT

RESTRICTED TO ORGS:_____

FOR SECRETARIAT ONLY:

SECRETARIAT CODE:_____ **alpha** **number**

EMPLOYEE'S NAME: _____
(Last) (First) (M 1)

_____Employee _____Contractor

SOCIAL SECURITY NUMBER: _____-_____-_____

ASSIGNED UNIVERSAL ACCESS ID (UAID): _____

SIGNATURE OF SECURITY OFFICER: _____

Tel #: _____

IF YOU HAVE ANY QUESTIONS, CONTACT (617) 973-2381:
Kathy O'Leary